

August 2005 Draft

A Quick Guide to the

National Capital Region Matrix of Dispensing Site

Characteristics

An Emergency Preparedness Tool for Regional Planning

Purpose

The National Capital Region (NCR) Matrix of Dispensing Site Characteristics is a tool to help public health agencies identify, clarify, and compare the operational characteristics of dispensing sites. The matrix is designed for use by a variety of public health professionals, including health agencies, health directors, and other stakeholders in dispensing site operations. By using the matrix, health agencies from various jurisdictions in a region can work toward achieving consensus on protocols and procedures and eliminating inconsistencies where possible. The ultimate goal of the matrix is to reduce confusion among not only public health administrators but also the general public and a variety of other stakeholders during a public health emergency.

Background

In 2003 public health planners in Northern Virginia recognized that significant differences in how various dispensing sites operate had the potential to lead to a communications disaster during a public health emergency. Within a region, differences in such operational characteristics as opening and closing times and policies regarding minors and heads of households can lead to a plethora of problems. In particular, they can hinder emergency communications efforts by preventing the dissemination of a clear and consistent message across the region. The need for consensus on dispensing site operations led the Metropolitan Washington Council of Governments Biological Emergency Planners Subcommittee (BEPS) to develop the NCR Matrix in May 2003.

Development

The NCR Matrix encompasses 21 operational characteristics, which reflect the discussions of several groups of planners who met during the development process. In 2004 BEPS administered the matrix to eight National Capital Region health districts (the District of Columbia, the City of Alexandria, and Arlington, Fairfax, Loudoun, Montgomery, Prince George's, and Prince William counties). The results confirmed prior suspicions that many inconsistencies exist. BEPS presented the operational differences to regional health directors with a request to reach consensus on common policies, protocols, and procedures. The appendix shows the matrix findings. BEPS plans to incorporate the Cities Readiness Initiative planning into the matrix and considers the matrix an evolving document and will continue to make improvements to it as necessary.

Suggestions for Use

The developers of the NCR Matrix realize that reaching consensus on all 21 elements is not always a reasonable expectation. They are currently working to distinguish which items require consensus. Any public health agency can tailor the NCR Matrix to meet the unique needs of dispensing sites in its region, by selecting those components that are relevant. The NCR Matrix will yield optimal results if it is updated annually or upon changes in dispensing site missions. Identifying information has been removed from the matrix in order for each multi-jurisdictional health district to use it as a working document.

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About this guide

In 2004 Public Health Services of the Montgomery County, Maryland Department of Health and Human Services became one of the first eleven public health agencies in the nation to be recognized as Public Health Ready by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The county is home to one of eight Advanced Practice Centers (APCs) for Public Health Preparedness funded by NACCHO through the CDC. The Montgomery County APC developed the Quick Guide to the National Capital Region Matrix of Dispensing Site Characteristics in conjunction with the Metropolitan Washington Council of Governments Biological Emergency Planners Subcommittee (BEPS).

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Public Health Emergency
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MONTGOMERY COUNTY, MD





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